

1 EDMUND G. BROWN JR.
Attorney General of California
2 GREGORY J. SALUTE
Supervising Deputy Attorney General
3 HELENE E. SWANSON
Deputy Attorney General
4 State Bar No. 130426
300 So. Spring Street, Suite 1702
5 Los Angeles, CA 90013
Telephone: (213) 620-3005
6 Facsimile: (213) 897-2804
Attorneys for Complainant
7

8 **BEFORE THE**
BOARD OF REGISTERED NURSING
DEPARTMENT OF CONSUMER AFFAIRS
9 **STATE OF CALIFORNIA**

10 In the Matter of the Accusation Against:

Case No. *2011-554*

11 **CORINNE STEWART COLLINS, AKA**
12 **CORINNE S. COLLINS-YAGER, AKA**
13 **CORINNE S. COLLINS-THOMPSON**
310 Golden West Avenue
14 Ojai, Ca 93023

A C C U S A T I O N

15 Registered Nurse License No. 267090
16 Nurse Practitioner Certificate No. 7802
Nurse Practitioner Furnishing Certificate
17 No. 7802

Respondent.

18
19 Complainant alleges:

20 **PARTIES**

21 1. Louise R. Bailey, M.Ed., RN (Complainant) brings this Accusation solely in her
22 official capacity as the Executive Officer of the Board of Registered Nursing, Department of
23 Consumer Affairs.

24 2. On or about August 31, 1976, the Board of Registered Nursing (Board) issued
25 Registered Nurse License Number 267090 to Corinne Stewart Collins, aka Corinne S. Collins-
26 Yager, aka Corinne S. Collins-Thompson (Respondent). The Registered Nurse License was in
27
28

1 full force and effect at all times relevant to the charges brought herein and will expire on August
2 31, 2011, unless renewed.

3 3. On or about August 9, 1995, the Board issued Nurse Practitioner Certificate No. 7802
4 to Respondent. The Nurse Practitioner Certificate was in full force and effect at all times relevant
5 to the charges brought herein and will expire on August 31, 2011, unless renewed.

6 4. On or about December 5, 1996, the Board issued Nurse Practitioner Furnishing
7 Certificate No. 7802 to Respondent. The Nurse Practitioner Furnishing Certificate was in full
8 force and effect at all times relevant to the charges brought herein and will expire on August 31,
9 2011, unless renewed.

10 STATUTORY PROVISIONS

11 5. Code section 2750 provides, in pertinent part, that the Board may discipline any
12 licensee, including a licensee holding a temporary or an inactive license, for any reason provided
13 in Article 3 (commencing with section 2750) of the Nursing Practice Act.

14 6. Code section 2764 provides, in pertinent part, that the expiration of a license shall not
15 deprive the Board of jurisdiction to proceed with a disciplinary proceeding against the licensee or
16 to render a decision imposing discipline on the license. Under section 2811(b) of the Code, the
17 Board may renew an expired license at any time within eight years after the expiration.

18 7. Code section 2761 states:

19 "The board may take disciplinary action against a certified or licensed nurse or deny an
20 application for a certificate or license for any of the following:

21 (a) Unprofessional conduct, which includes, but is not limited to, the following:

22 (1) Incompetence, or gross negligence in carrying out usual certified or licensed nursing
23 functions."

24 * * * *

25 "(d) Violating or attempting to violate, directly or indirectly, or assisting in or abetting the
26 violating of, or conspiring to violate any provision or term of this chapter or regulations adopted
27 pursuant to it."

28 8. Code section 2836 states, in relevant part:

“(a) The board shall establish categories of nurse practitioners and standards for nurses to hold themselves out as nurse practitioners in each category. . . Established standards shall apply to persons without regard to the date of meeting such standards.

9. Code section 2836.1 provides, in pertinent part, as follows:

“Neither this chapter nor any other provision of law shall be construed to prohibit a nurse practitioner from furnishing or ordering drugs or devices when all of the following apply:

(a) The drugs or devices are furnished or ordered by a nurse practitioner in accordance with standardized procedures or protocols developed by the nurse practitioner and the supervising physician. . .”

* * *

“(b). The nurse practitioner is functioning pursuant to standardized procedure, as defined by Section 2725, or protocol. The standardized procedure or protocol shall be developed and approved by the supervising physician and surgeon, the nurse practitioner, and the facility administrator or the designee.

(c)(1) The standardized procedure or protocol covering the furnishing of drugs or devices shall specify which nurse practitioners may furnish or order drugs or devices, which drugs or devices may be furnished or ordered, under what circumstances, the extent of physician and surgeon supervision, the method of periodic review of the nurse practitioner's competence, including peer review, and review of the provisions of the standardized procedure."

REGULATORY PROVISIONS

10. California Code of Regulations, title 16, section 1443, states:

"As used in Section 2761 of the code, 'incompetence' means the lack of possession of or the failure to exercise that degree of learning, skill, care and experience ordinarily possessed and exercised by a competent registered nurse as described in Section 1443.5."

11. California Code of Regulations, title 16, section 1443.5 states:

"A registered nurse shall be considered to be competent when he/she consistently demonstrates the ability to transfer scientific knowledge from social, biological and physical sciences in applying the nursing process, as follows:

1 (1) Formulates a nursing diagnosis through observation of the client's physical condition
2 and behavior, and through interpretation of information obtained from the client and others,
3 including the health team.

4 (2) Formulates a care plan, in collaboration with the client, which ensures that direct and
5 indirect nursing care services provide for the client's safety, comfort, hygiene, and protection, and
6 for disease prevention and restorative measures.

7 (3) Performs skills essential to the kind of nursing action to be taken, explains the health
8 treatment to the client and family and teaches the client and family how to care for the client's
9 health needs.

10 (4) Delegates tasks to subordinates based on the legal scopes of practice of the
11 subordinates and on the preparation and capability needed in the tasks to be delegated, and
12 effectively supervises nursing care being given by subordinates.

13 (5) Evaluates the effectiveness of the care plan through observation of the client's physical
14 condition and behavior, signs and symptoms of illness, and reactions to treatment and through
15 communication with the client and health team members, and modifies the plan as needed.

16 (6) Acts as the client's advocate, as circumstances require, by initiating action to improve
17 health care or to change decisions or activities which are against the interests or wishes of the
18 client, and by giving the client the opportunity to make informed decisions about health care
19 before it is provided."

20 12. California Code of Regulations, title 16, section 1474 states:

21 "Following are the standardized procedure guidelines jointly promulgated by the Medical
22 Board of California and by the Board of Registered Nursing:

23 (a) Standardized procedures shall include a written description of the method used in
24 developing and approving them and any revision thereof.

25 (b) Each standardized procedure shall:

26 (1) Be in writing, dated and signed by the organized health care system personnel
27 authorized to approve it.
28

1 (2) Specify which standardized procedure functions registered nurses may perform and
2 under what circumstances.

3 (3) State any specific requirements which are to be followed by registered nurses in
4 performing particular standardized procedure functions.

5 (4) Specify any experience, training, and/or education requirements for performance of
6 standardized procedure functions.

7 (5) Establish a method for initial and continuing evaluation of the competence of those
8 registered nurses authorized to perform standardized procedure functions.

9 (6) Provide for a method of maintaining a written record of those persons authorized to
10 perform standardized procedure functions.

11 (7) Specify the scope of supervision required for performance of standardized procedure
12 functions, for example, immediate supervision by a physician.

13 (8) Set forth any specialized circumstances under which the registered nurse is to
14 immediately communicate with a patient's physician concerning the patient's condition.

15 (9) State the limitations on settings, if any, in which standardized procedure functions may
16 be performed.

17 (10) Specify patient record keeping requirements.

18 (11) Provide for a method of periodic review of the standardized procedures.”

19 **COST RECOVERY PROVISION**

20 13. Code section 125.3 provides, in pertinent part, that the Board may request the
21 administrative law judge to direct a licentiate found to have committed a violation or violations of
22 the licensing act to pay a sum not to exceed the reasonable costs of the investigation and
23 enforcement of the case.

24 **SUMMARY OF FACTS**

25 14. From approximately 1999 through 2006, Respondent was employed as a nurse
26 practitioner at Ojai Valley Community Hospital (Ojai Hospital), located at 1306 Maricopa
27 Highway, Ojai, California, and she was assigned to the Oak View Clinic. On or about March 6,
28

1 2003, Patient E.M., a ten-year-old boy, was seen by Respondent at the Oak View Clinic,
2 complaining about an increased temperature and abdominal pain he had experienced for two
3 days.¹ The chart notes indicate he was burping and passing rectal gas, his abdomen felt full of
4 gas, he was sore all over, and he was walking slightly bent over. The record notes that he was
5 alert, and he was not in acute distress. Also, he was not vomiting, and did not have diarrhea.
6 Patient E.M.'s abdomen was soft and tender throughout. The chart note further indicates there
7 was no rebound tenderness, no guarding, and his bowel sounds were positive in all four
8 quadrants. A urine dip test was done in the clinic, which was not clinically significant. Patient
9 E.M.'s blood pressure, pulse rate and respiratory rate were not recorded during the patient's visit
10 on March 6, 2003. He was assessed by Respondent as having gastroenteritis. Respondent
11 instructed Patient E.M. to take Simethicone now and take a hot bath. If his symptoms did not
12 improve, Respondent advised his mother to return to the clinic in the afternoon.²

13 15. On March 7, 2003, Patient E.M. was again seen at Oak View Clinic by Respondent.
14 His vital signs were not recorded except for a temperature of 96.8, and his weight was recorded as
15 166 lbs. His chief complaint was diarrhea, which started that morning. Per the notes, he vomited
16 bile once the day before, but was then able to eat and keep food down. It was also noted that he
17 was alert but uncomfortable, with difficulty lying down because his abdomen hurt, it was tight,
18 and more tender than the day before. Bowel sounds were positive in all four quadrants and there
19 was no localized tenderness. Respondent's assessment was abdominal pain, rule out appendicitis,
20 and first degree burn in his right upper abdomen (from a heating pad). He was sent to the
21 emergency room at Ojai Hospital on the same day.

23 ¹ The patient's name is not included on the Accusation in order to protect his privacy, but
24 will be disclosed to Respondent and/or her attorney upon request during the course of discovery
in this matter.

25 ² The patient's mother left a telephone message for Respondent later the same day because
26 the patient's condition was worse, which Respondent did not receive that day because it was left
27 after she was off duty. Respondent did not receive the message until the beginning of her shift
the following morning, when she contacted the patient's mother and told her to bring her son back
28 to the clinic right away.

16. On March 7, 2003, Patient E.M. was seen by Dr. Scott Davis, who diagnosed him with acute appendicitis with perforation.³ The patient had an appendectomy for his ruptured appendix. During his admission, Patient E.M. had a difficult course, which included peritonitis from the ruptured appendix, and a second surgery. On March 21, 2003, Patient E.M. was discharged from the Ojai Hospital.

17. On or about June 1, 2010, the Board's investigation revealed that no standardized policies and procedures were in place when Respondent treated Patient E.M. on March 6, 2003 and March 7, 2003. On or about June 23, 2008, the Board received a Report of Settlement, Judgment or Arbitration Award dated June 19, 2008, which disclosed that a settlement had been awarded to Patient E.M., related to an incident in which Respondent failed to diagnose a ruptured appendix on March 6, 2003, and concluded that the patient was suffering from a stomach virus. It was alleged the delay in diagnosis of the ruptured appendix resulted in major permanent injury.

FIRST CAUSE FOR DISCIPLINE

(Unprofessional Conduct – Repeated Acts of Negligence)

18. Respondent is subject to discipline under Code section 2761, subdivision (d) on the grounds of unprofessional conduct, in that on or about March 6, 2003, while on duty as a nurse practitioner at the Oak View Clinic, Respondent engaged in repeated acts of negligence, in the following respects:

a. Respondent failed to exercise the skill, care and experience ordinarily possessed and exercised by a competent nurse practitioner, in that her initial assessment of Patient E.M. on March 6, 2003 was not complete. Respondent did not record the patient's vital signs. If a pulse

³ Appendicitis is an inflammation of the appendix, which is the worm-shaped pouch attached to the cecum, the beginning of the large intestine. Appendicitis is a medical emergency, and if it is left untreated, it may rupture and cause a potentially fatal infection. Signs of a ruptured appendix include the presence of pain beginning or around the naval and eventually moving to the right lower corner of the abdomen, where it becomes more severe, increases with movement, and is rigid to the touch. Loss of appetite is very common, and nausea and vomiting may occur in about half of the cases. Occasionally, there may be constipation or diarrhea. The temperature may be normal or slightly elevated. The presence of a fever, a high white blood cell count, and a fast heart rate may indicate that the appendix has ruptured.

1 rate had been taken, it may have been elevated due to his pain, thus signaling that a more intense
2 workup should be performed to determine if he had appendicitis or a ruptured appendix.

3 b. Respondent failed to exercise the skill, care and experience ordinarily possessed and
4 exercised by a competent nurse practitioner, in that she documented tenderness throughout Patient
5 E.M.'s abdomen, but did not order that a complete blood count (CBC) test be taken to assess
6 leukocytosis, an elevated number of white cells in the blood, which would have indicated that
7 appendicitis and/or a ruptured appendix should be ruled out. Respondent noted that the patient
8 was walking "slightly bent over" and that his abdomen was sore all over and full of gas, which
9 are classic symptoms of appendicitis.

10 c. Respondent failed to exercise the skill, care and experience ordinarily possessed and
11 exercised by a competent nurse practitioner, in that she failed to make any specific notation of
12 any right lower quadrant pain, and only noted that he had tenderness throughout the abdomen.

13 d. Respondent failed to exercise the skill, care and experience ordinarily possessed and
14 exercised by a competent nurse practitioner, in that she did not note in Patient E.M.'s chart that
15 she had discussed the case with an on duty physician, or had a physician assess the patient.
16 Although Respondent states that she told Patient E.M.'s mother on March 6, 2003 that it "could
17 be appendicitis", she failed to exercise the skill, care and experience ordinarily possessed and
18 exercised by a competent nurse practitioner under the same circumstances, who would have
19 referred Patient E.M. to an emergency room or consulted with an on duty physician to rule out
20 appendicitis. Complainant refers to and incorporates all the allegations contained in Paragraphs
21 14-17, as though set forth fully.

22 **SECOND CAUSE FOR DISCIPLINE**

23 **(Unprofessional Conduct - Incompetence)**

24 19. Respondent is subject to discipline under Code section 2761, subdivision (a)(1) on the
25 grounds of unprofessional conduct as defined under California Code of Regulations, title 16,
26 sections 1443 and 1443.5, in that on or about March 6, 2003, while on duty as a registered nurse
27 at the Ojai Valley Clinic, Respondent committed acts of incompetence in treating Patient E.M., as
28 alleged in Paragraphs 14-18, as though set forth fully.

1 **THIRD CAUSE FOR DISCIPLINE**

2 **(Unprofessional Conduct – Practicing Without Standardized Procedures and Policies)**

3 20. Respondent is subject to discipline under Code sections 2386, 2836.1 and 2761,
4 subdivision (d), and California Code of Regulations, title 16, section 1474, on the grounds of
5 unprofessional conduct, in that on or about March 6, 2003 and March 7, 2003, while on duty as a
6 nurse practitioner at the Oak View Clinic, Respondent was practicing without standardized
7 procedures and policies in place, a violation of the California Nursing Practice Act. Standardized
8 policies and procedures are the legal mechanism for nurse practitioners to perform functions
9 which would otherwise be considered the practice of medicine. Complainant refers to and
10 incorporates all the allegations contained in Paragraphs 14-18, as though set forth fully.

11 **PRAYER**

12 WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged,
13 and that following the hearing, the Board of Registered Nursing issue a decision:

14 1. Revoking or suspending Registered Nurse License Number 267090, Nurse
15 Practitioner Certificate No. 7802 and Nurse Practitioner Furnishing Certificate No. 7802, issued
16 to Corinne Stewart Collins, aka Corinne S. Collins-Yager, aka Corinne S. Collins-Thompson;

17 2. Ordering Corinne Stewart Collins, aka Corinne S. Collins-Yager, aka Corinne S.
18 Collins-Thompson to pay the Board of Registered Nursing the reasonable costs of the
19 investigation and enforcement of this case, pursuant to Business and Professions Code section
20 125.3; and

21 3. Taking such other and further action as deemed necessary and proper.

22
23 DATED: _____

12/20/10

24 *Louise R. Bailey*
LOUISE R. BAILEY, M.ED., RN
Executive Officer
Board of Registered Nursing
Department of Consumer Affairs
State of California
Complainant

26
27 LA2010601260; 10643266.doc